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IN THE WASHINGTON SUPREME COURT

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In re the Dependency of

G.J.A, A.R.A., S.S.A., J.J.A., and V.A.

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AMICI BRIEF OF

THE ICWA LAW CENTER AND THE INDIAN LAW CLINIC  
AT THE MICHIGAN STATE UNIVERSITY COLLEGE OF LAW

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## **I. INTRODUCTION**

Congress requires courts to find that governmental agencies make “active efforts” to provide services designed to prevent the breakup of Indian families. Yet here, the efforts provided fell short of that standard, with months passing before the state provided even simple referrals. Amici submit this brief to explain the importance of timely active efforts, to highlight what true active efforts look like, and to explain why thinking about active efforts in terms of futility is inconsistent with Congress’s directions.

## **II. ISSUE PRESENTED FOR REVIEW**

Did the Department fail to make “active efforts” to prevent the breakup of this Indian family?

## **III. INTERESTS OF AMICI CURIAE**

As explained in the motion for leave to file this amici curiae brief, the ICWA Law Center in Minneapolis, Minnesota, and the Indian Law Clinic at Michigan State University College of Law both provide quality representation in cases involving the enforcement of ICWA by state courts protects Native children, families, and tribes. Amici are particularly concerned with the proper interpretation and application of ICWA’s “active efforts” requirement, which requires courts to ensure governmental agencies make “active efforts” to “provide remedial services and

rehabilitative programs designed to prevent the breakup of the Indian family[.]” 25 U.S.C. § 1912(d). Amici have extensive experience in the area of the Indian Child Welfare Act from both a national and local perspective. This brief provides specialized expertise in order to assist the Court.

#### **IV. STATEMENT OF THE CASE**

Amici rely on the statement of facts in the motion to modify the commissioner’s ruling.

#### **V. ARGUMENT**

##### **A. ICWA’s Active-Efforts Requirement is Critical to Ensuring Continuing Contact for Parents and Effective Interventions.**

For over four decades, the Indian Child Welfare Act (ICWA) sought to curtail the destruction of Indian families due to the “wholesale removal of Indian children from their homes.” *Adoptive Couple v. Baby Girl*, 570 U.S. 637, 133 S. Ct. 2552, 186 L. Ed. 2d 729 (2013). As this Court has observed, ICWA, and its state-level counterpart, the Washington Indian Child Welfare Act (WICWA), were “enacted to remedy the historical and persistent state-sponsored destruction of Native families and communities[.]” *Matter of Dependency of Z.J.G.*, 196 Wn.2d 152, 157, 471 P.3d 853, 856 (2020)

To that end, ICWA “provides specific protections for Native children in child welfare proceedings and [is] aimed at preserving the

children’s relationships with their families, Native communities, and identities.” *Id.* Chief among these protections is the requirement that, before placing a child in foster care or terminating parental rights, the state must demonstrate that “active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family[.]” 25 U.S.C. § 1912(d). The active-efforts requirement is “designed primarily to ensure that services are provided that would permit the Indian child to remain or be reunited with her parents, whenever possible,” and it has come to represent “the ‘gold standard’ of what services should be provided in child-welfare proceedings.” 81 Fed. Reg. 38778-01, 38790 (June 14, 2016). In short, ICWA’s active-efforts requirement is a “vital part of ICWA’s statutory scheme.” *Id.* at 38814.

Despite the centrality of ICWA’s active-efforts requirement, confusion arose among state courts as to “exactly what constitutes ‘active efforts’ under the ICWA and how this standard relates to the . . . reasonable efforts standard,” more commonly employed in child welfare matters. *State ex rel. C.D.*, 620 Utah Adv Rep 21, 2008 UT App 477, 200 P.3d 194, 205 (2008); *see also* Kurtis A. Kemper, *Construction and Application by State Courts of Indian Child Welfare Act of 1978 Requirement of Active Efforts to Provide Remedial Services*, (25 U.S.C.A. § 1912(d)), 61 A.L.R.6th 521 (originally published in 2011). Therefore, as part of binding federal

regulations adopted in 2016, the Bureau of Indian Affairs provided state courts additional guidance on ICWA’s active-efforts mandate. According to the 2016 Rule, efforts to provide services designed to prevent the breakup of Native families must not only be “active,” they must also be “affirmative, . . . thorough, and timely.” 25 C.F.R. § 23.2. Where, as here, a state agency is involved, “active efforts *must* involve assisting the parent . . . through the steps of a case plan and with accessing or developing the resources necessary to satisfy the case plan.” *Id.* (emphasis added). Such efforts should also be “culturally appropriate” and pursued “in partnership” with the child, the parents, extended family, and the Tribe. *Id.*

While the active efforts ICWA contemplates must be “tailored to the facts and circumstances of the case,” 25 C.F.R. § 23.2, the 2016 Rule provides examples, all of which illustrate the “heightened responsibility” ICWA imposes. *In re A.N.*, 325 Mont. 379, 384, 106 P.3d 556, 560, 2005 MT 19 (2005). The state should not simply “identif[y] appropriate services,” it should “hel[p] the parents overcome barriers, including actively assisting the parents in obtaining those services.” 25 C.F.R. § 23.2. Likewise, it is not enough to “identify community resources,” like housing, financial-assistance, transportation, mental-health, and substance-abuse services. *Id.* Rather, the state should “actively assis[t]” the parents “in utilizing and accessing those services.” *Id.* Taken together, the state cannot



simply provide a treatment plan or referrals and wait for the parent to complete them. *Matter of K.L.*, 397 Mont. 446, 461, 2019 MT 256, 451 P.3d 518, 527, (2019).

ICWA’s insistence on *active* efforts cannot be satisfied by mere passive steps. Hence, providing “instructions on how to get a phone” is merely a passive effort; ensuring a parent actually gets a phone is an active effort. *Matter of D.J.S.*, 12 Wn. App. 2d 1, 36, 456 P.3d 820, 839–40 (2020). Explaining the resources for low-income housing and shelters is a passive effort; accompanying a parent to complete the application is an active effort. *Id.* at 36, 456 P.3d at 839. Providing a referral for mental-health counseling is passive; assisting a parent in obtaining counseling is active. *Id.* at 36–37, 456 P.3d at 839–40.

Likewise, WICWA demands “timely and diligent efforts to provide and procure . . . services,” RCW 13.38.040(1)(a). WICWA specifies that such “active efforts” must include “actively work[ing] with the parent” based on existing orders, and an individual service plan “*beyond simply providing referrals to such services.*” RCW 13.38.040(a)(a)(ii) (emphasis added).

The efforts in this case were not active, because they were not timely, thorough, or diligent; court-ordered services were not provided at a time when the mother expressed a willingness to engage in those services

and the referrals, when they were eventually made, demonstrated only passive rather than active efforts. For example, the mother sought a referral for therapy in February and March of 2019, but she did not receive one until the end of May, without further follow-up. *See* Appellant’s Motion to Modify the Commissioner’s Ruling (hereafter “AP”) 7, 31–33, 59–62, 86, 155. Similarly, though mother and her attorney made several requests for contact with the children throughout January and February 2019, the social worker put off facilitating those visits, making only vague movement towards family therapy. *Id.* 8, 31-32, 50–52, 155. ICWA requires more.

As ICWA and its state counterparts emphasize, truly active efforts must be more than a standardized list of referrals. They must be individually tailored, culturally appropriate, and adapted to help parents overcome the barriers and resistance they face. 25 C.F.R. § 23.2. Critically, the efforts must also be timely. Active efforts, done well, save families, protect children, and represent the best of ICWA’s promise to preserve “children’s relationships with their families, Native communities, and identities.” *Z.J.G.*, 196 Wn.2d at 157, 471 P.3d at 856.

Other state ICWA statutes similarly emphasize the importance of “a rigorous and concerted level of effort, that is ongoing throughout the involvement of the local social services agency,” to ensure children are not removed from their families, and if they are that they’re returned at the

earliest possible time. *See* Minn. Stat. Ann. § 260.755, subd. 1a; *see also* Cal. Welf. & Inst. Code § 224.1; Mich. Comp. Laws Ann. § 712B.3(a); Neb. Rev. Stat. Ann. § 43-1503(1); Wis. Stat. Ann. § 48.028. Similarly, other states recognize that, “active efforts require more than a referral to a service without actively engaging the Indian child and family.” Mich. Comp. Laws Ann. § 712B.3(a); *see also* Wis. Stat. Ann. § 48.028(g)(1)(f) (requiring offering community resources as well as “actively assist[ing] or offer[ing] active assistance in accessing those resources.”).

ICWA, the 2016 Rule, and their state-level counterparts all reflect Amici’s decades of experience that active efforts are the life blood of family preservation. When done properly, these efforts are precisely what has made ICWA the gold standard in child-welfare proceedings. The quality, timeliness, and thoroughness of active efforts often determines whether a child is reunited with her family.

To understand the importance of active efforts, courts should be mindful that child protection proceedings, even when required, are among the most traumatic experiences children and families may face. Removal and separation at the hands of the state creates unique difficulties and vulnerabilities, which are even more pronounced in Native families where government-sponsored family removal repeats across generations. *Z.J.G.*, 196 Wn.2d at 157, 471 P.3d at 856. Parents often struggle to trust child

welfare workers and may find themselves adrift in a legal system that seems impenetrable. In Amici's experience, these struggles only increase the longer a removal continues, and failure to actively assist and engage a parent early in the process sets a parent up for failure. For efforts to be truly "active," the efforts must start early and must be responsive to parent's requests for assistance, when the window for parental engagement is at its widest.

**B. There is No Futility Exception to ICWA's Active-Efforts Requirement.**

After a court finds that a child is dependent, parents rely on the court to hold the state to its burden of providing remedial services to help the family unit remain intact. Yet it is all too common for trial courts to excuse the state's failure to make efforts by laying blame on the parents for failure to engage, finding that efforts by the state would be futile. *See, e.g., Matter of D.J.S.*, 12 Wn. App. 2d at 24, 456 P.3d at 833 (noting "the rule that DSHS need not afford futile services."). The "futility" doctrine allows a court to determine that some parents are beyond help, and therefore, need not even be offered the services the state was court-ordered to provide in the dependency case. Such a rule has no place in an ICWA case.

In this case the trial court excused the social worker's failure to make a timely referral for family therapy because the court was "not

convinced anything would have come from the social worker clicking ‘submit’ on the family therapy referral.” *See* AP 164–65 (finding that making the referral would amount to “setting up the mother for likely failure.”). The state relies on that reasoning, Respondent’s Br. 31, and also suggests the social worker was excused from making additional calls to the mother because “there is no basis to believe [she] would have answered such an additional hypothetical call.” *Id.* at 34. Under this reasoning, the court held that the state was not even required to provide the services and supports the court itself had ordered because, the court surmised, to do so wouldn’t amount to anything.

Yet there is no “futility” exception to ICWA’s active efforts requirement. “Active efforts” requires the court to focus on the state’s actions, rather than on perceptions of the parents’ capabilities, and to hold the state to its burden of providing meaningful support. Both ICWA and WICWA place the statutory burden *on the government agency* to demonstrate the active efforts to assist the parent. Section 1912(d) of ICWA requires that a government agency must “satisfy the court that active efforts have been made” to provide assistance designed to prevent the breakup of the Indian family “and that these efforts have proved unsuccessful.” 25 U.S.C. § 1912(d); *see also* RCW 13.38.130(1). Efforts cannot “prove[] unsuccessful” if they have not yet been tried.

These statutes direct courts to look backward at whether the agency has provided active efforts and whether those efforts have proved unsuccessful; they do not allow courts to *predict* that active efforts *would be* futile and so need not be provided in the first place. This reasoning is inconsistent with the legislatures' purpose, as the very existence of these provisions shows that both Congress and the state legislature thought such active efforts might make a difference—that they might provide a parent with tools or resolve to change and to chart a new course.

This Court recently recognized that, at a termination trial, a superior court can “look to a parent’s unwillingness to participate in services” when making an “active efforts” determination. *In re Dependency of A.L.K., L.R.C.K.-S., and D.B.C.K.-S.*, No. 98487-5, (slip op) at 15. However, such evidence would be evidence that the Department’s efforts proved unsuccessful, not evidence that the Department, in fact, made active efforts.

The Michigan Supreme Court recognized this distinction in *In re JL*, 483 Mich. 300, 326, 770 N.W. 2d 853, 867 (2009), where that court “decline[d] to adopt a futility test.” While accepting the idea that “[t]he ICWA obviously does not require the provision of *endless* active efforts” and that “there comes a time when the DHS or the tribe may justifiably pursue termination without providing additional services,” the Michigan Supreme Court recognized that “[a] futility test does not capture this

concept.” *Id.* at 327, 770 N.W. 2d at 867. Indeed, because a futility test focuses on the actions of the parent, rather than on the government agency, a court relying on that test “may altogether avoid applying [25 U.S.C. § 1912(d)] by simply deciding that additional services would be ‘futile.’” *In re JL*, 483 Mich. at 327, 770 N.W. 2d at 867.

Accordingly, this Court should clarify that active efforts may not be bypassed based on a prediction that they will be futile; instead, agencies seeking termination of parental rights must make active efforts until it becomes apparent that the efforts have “proved unsuccessful.” 25 U.S.C. § 1912(d). People can change, and no matter the depth of the pain and trauma a parent is attempting to overcome, no parent should be written off.

**C. Active Efforts Should Include Overcoming Distrust of the System.**

The effects of hundreds of years of federal policies towards Native American people, together with the disproportionate effect of the child welfare system on Native American families, has created significant distrust towards the government and those who work for the government. Accordingly, to have meaning, the provision of active efforts must acknowledge the need to overcome that distrust, rather than relying on manifestations of that distrust to deny parents additional support.

“As child welfare systems work with tribal communities, it is important to consider that these systems have perpetrated historical trauma . . . .” Maegan Rides At The Door and Ashley Trautman, *Considerations For Implementing Culturally Grounded Trauma-Informed Child Welfare Services: Recommendations For Working With American Indian/Alaska Native Populations*, 13.3 Journal of Public Child Welfare 368 (2019), at 371 (hereafter “Rides At The Door 2019”) (Appendix A). Institutional racism, including the overrepresentation of Indian children in the child welfare system, contributes to both historical and contemporary trauma. *Id.* at 372; see also Christopher J. Graham, *2019 Washington State Child Welfare Racial Disparity Indices Report* (2020) (available at <https://bit.ly/3o0clUV>) (demonstrating that, in Washington, Native American families are still more likely to have an intake called in, more likely to have that intake screened in, more likely to have children placed in out of home care, and more likely for the children to remain out of home for longer than one year).

This “remembered history” shapes the attitudes of Native American people towards child welfare agencies, social workers, and other professionals. Charles Horejsi et al., *Reactions by Native American Parents to Child Protection Agencies: Cultural and Community Factors*, Child Welfare League of America, 1992 (hereafter “Horejsi1992”) (available at <https://bit.ly/2WK5Vx6>). “When parents, who already feel helpless, are



confronted by a CPS agency, they may feel completely overwhelmed and the intensity of that feeling may lead to extreme and inappropriate behavior.” *Id.* (recognizing that Native American people also disproportionately live in extreme poverty and that “[a] life of grinding poverty often gives rise to feelings of hopelessness and a belief that one is helpless to control or influence one’s life and its circumstances.”).

In a dependency case, parents of Indian children are required to accept services and meet the standards of a system statistically stacked against them, or risk losing their children forever. “A personal history of frequent loss and incomplete grieving can affect how some parents respond to a CPS worker who has the power to place their child in foster care and thereby inflict still another loss.” *Id.*

Recognizing this trauma-based context is one aspect of “active efforts.” Research suggests the benefits of adopting a trauma-informed lens—which means moving from an analysis that asks “what is wrong” with a parent to one that asks “what happened” to this parent? *See Rides At The Door* 2019 at 371. The state’s brief in this case, which notes the mother’s “meth binge,” implicitly asks, what is wrong with her? (Resp. Supp. Br. at 47.) But that analysis is devoid of any context about what may have happened to her that brought her so low, including whether the inability to see her children, even when she was in compliance with the state’s

demands, contributed to her loss. By pointing to the mother's failings, rather than describing the state's efforts to understand and address the reasons for her struggles, the state demonstrates they were not, in fact, engaged in active efforts.

Indeed, active efforts requires a level of engagement that can help parents of Indian children overcome distrust of the system. For example, the practices of the Denver Indian Family Resource Center ("DIFRC") demonstrates the importance of collaboration as an aspect of "active efforts." From a case's beginning, the DIFRC takes a collaborative approach, meeting with the family, their support persons, services providers, CPS representatives, family preservation workers, and other appropriate parties, which include tribal representatives or case workers, to identify *family strengths* and challenges and develop an initial plan. Nancy Lucero and Marian Bussey, *A Collaborative and Trauma-Informed Practice Model*, 91(3) Child Welfare (2012), at 94 (hereafter "Lucero 2012") (available at <https://tinyurl.com/y7cn4urh>).

The DIFRC also recognizes the need for those working with Indian families to understand the historical context in which many are entering the child welfare system. Therefore, not only does DIFRC provide mental-health intervention by Native American psychologists, they also educate their family preservation workers on a regular basis about trauma responses

frequently seen among Native people and encourages them to recognize and assess ways in which those trauma responses are creating barriers to fulfilling various family service plan components. *Id.* at 95.

This training assists family preservation workers in discussions with CPS workers about the role that trauma may be playing in a family's behaviors or responses. *Id.* at 95. The DIFRC also offers training directly to CPS workers to help them understand Native American "cultures and families, and to provide skills that increase workers' engagement with the families' awareness of both their resources and their cultural needs." *Id.*

State collaboration with tribes, case workers, and service providers who understand the trauma behind behavioral responses to services and recommendations helps break down the walls built by years of government mistrust on the part of Indian families. When a case worker is able to recognize that a specific response, or lack thereof, from a parent in an Indian child welfare case is driven by emotional and historical traumas rather than unwillingness to change, the active efforts being provided to parents can be specifically tailored to address those responses.

**D. Active Efforts Should be Individually Tailored and Culturally Appropriate.**

Providing parents of Indian children, many of whom once suffered themselves, with culturally appropriate services to help reunify with their

children is another vital aspect of ICWA's active efforts requirement. ICWA was passed in an effort to combat the historical trauma associated with federal and state assimilation policies and with the stripping of Indian children's cultural identities. 25 C.F.R. § 23.3. In doing so, ICWA, when properly complied with, maintains, and in some cases reestablishes, ties between Indian children and their tribal communities, practices, and cultures by encouraging the state child welfare system to respect the historical traditions and customs practiced by Indian people and their tribal communities.

Historically, Indian tribes and their communities relied on customary practices and tradition to provide for their needs of their children. See National Indian Child Welfare Association, *The Indian Child Welfare Act: A Family's Guide* (2017) (available at <https://bit.ly/2JgFJH6>). A significant number of studies have been done on the impact that the loss of cultural identity has on youth, particularly Indian children.

One early study on the effects of Indian child removal from tribal communities, the Split Feather study, highlighted the emotional, psychological, and spiritual issues faced by Indian children whose ties with their tribal communities and families has been severed, and revealed that Indian children suffer lifetime psychological and emotional trauma as a direct result of their loss of cultural experiences and transmission of a

cultural identity. Carol Locust, *Split Feathers: Adult American Indians Who Were Placed in Non-Indian Families as Children*, 44 Ontario Ass'n Child Aid Soc'y J. 11 (2000) (Appendix B). The results of the Split Feather study were reaffirmed in 2017, where quantitative research demonstrated that Indian children adoptees were more vulnerable to problems such as alcohol addiction, drug addiction, eating disorders, self-injury and suicide attempts compared their white counterparts. Ashley Landers et al., *American Indian and White Adoptees: Are There Mental Health Differences?*, 24 Am. Indian & Alaska Native Mental Health Res., no. 2 (2017) at 54, 69 (available at <https://bit.ly/3hkbziL>).

Another study indicated the importance of Indian cultural identification for youth well-being and resilience, especially in the face of stressors. The study found that those Indian youth that participated in traditional and spiritual activities and identified with their Indian culture had increased well-being and resilience. Teresa LaFromboise et al., *Family, Community, and School Influences on Resilience among American Indian Adolescents in the Upper Midwest*, 34(2) Journal of Community Psychology 193 (2006) (available at <https://bit.ly/3mMmjrp>). Yet another study suggests that the relationship between youth well-being and cultural identity may, in part, be mediated by family, peer, and social support influences. Julie Baldwin et al., *Culture and Context: Buffering the*

*Relationship between Stressful Life Events and Risky Behaviors in American Indian Youth*, 46 (11) Substance Use & Misuse 1380 (2011) (available at <https://bit.ly/3aEJcKR>).

By providing services that connect children and parents—families—directly with values and beliefs common amongst tribal communities, parents can draw from a sense of attachment to their respective tribal communities that will help nurture their own cultural identities and provide a sense of empowerment, hope, and community support. Culturally sensitive services enable parents to reunify with their Indian children and to provide both a sense of cultural connectivity and a safe environment to raise their children.

Examples of what culturally appropriate services look like are not hard to find. For example, the DIFRC created a practice model and framework for culturally appropriate services for Indian families. The DIFRC model uses direct practice interventions with Indian families, concentrated on collaborative family-focused case management services. Lucero 2012 at 93. Throughout a family's time in the child welfare system, the DIFRC works with CPS to conduct a series of strength-based, culturally appropriate, and trauma-informed assessments. *Id.* at 94. The services then provided are individualized for each family based on the results of the assessments and may include referrals for medical, substance-abuse, and

mental-health issues. The assessments take into account the reality of Indian life and the importance of many tribal traditions. *Id.* at 99. For example, the DIFRC recognizes the importance to many families of practicing their tribe's traditional spirituality, and so referrals or references to specific religious organizations that are at odds with traditional spiritual practices are limited or forgone all together. *Id.* Another DIFRC example is the creation of an empowerment group for young Indian women that incorporates "cultural values and pride to help women build inner strength and thus model that strength for their own young children," rather than just training to avoid domestic violence. *Id.* at 103.

The culturally appropriate approach used by DIFRC has proven to be successful in helping reunify and preserve the Indian family. In one project, 96% of families were preserved with the help of the DIFRC model, with children either at home with parents or with extended family members. *Id.* at 102. The DIFRC's success demonstrates the importance of offering Indian families culturally appropriate services and should serve as a model for others in their approach to ICWA cases. *See* Angelique Day and Angelina Callis, *Evidenced-Based Tribal Child Welfare Programs in Washington State: A Systemic Review*, Indigenous Wellness Research Institute (May 2020) (available at <https://bit.ly/3hg8uAd>) (discussing

additional programs focused on culturally appropriate services that, although effective, are not consistently offered in Washington).

## **VI. CONCLUSION**

ICWA's active efforts requirement provides a key protection for Indian children. The state should be held to the high standard required by the law to provide active efforts to prevent the breakup of Indian families.

DATED this 28th day of December 2020.

Respectfully submitted,

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## CERTIFICATE OF SERVICE

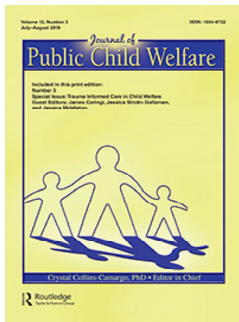
I hereby certify that on December 28, 2020, I served by email one copy of the foregoing pleading on the following:

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## APPENDIX A



## Considerations for implementing culturally grounded trauma-informed child welfare services: recommendations for working with American Indian/Alaska Native populations

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## Considerations for implementing culturally grounded trauma-informed child welfare services: recommendations for working with American Indian/Alaska Native populations

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### ABSTRACT

Cultural humility in trauma informed practice is of paramount importance when working with underserved minority populations. Societal structures and systems of oppression, such as disproportionate representation of American Indian/Alaska Native children in state foster care systems, intergenerational poverty or overrepresentation of people of color in the justice system, are often sources of trauma for marginalized populations. To practice with cultural humility and implement trauma informed practices, systems of care (e.g. child welfare, justice, school, mental health) must attend to structural inequality and tailor treatment accordingly. This paper will describe cultural considerations for systems, organizations and individuals working with American Indian/Alaska Native individuals, families and communities. Recommendations for infusing cultural humility into trauma informed practice will be provided using the ten implementation domains of trauma informed practice as outlined in SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Content will include an application of the ten domains with examples specific to service delivery with American/Indian Alaska Native populations.

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## Introduction

Systems that interact with vulnerable populations have an obligation to be trauma informed. Whether it is child welfare, justice, school, mental health or primary health care systems, professionals and organizations that provide services to individuals who have experienced trauma must attend to the unique ways in which these experiences impact well-being. Neglecting to do so risks perpetuating trauma and contributing to negative mental health

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outcomes which disproportionately affect at risk and marginalized populations (U.S Department of Health and Human Services, 2001).

To be trauma informed, as defined by the Substance Abuse and Mental Health Services Administration, systems should ground efforts in four key assumptions and six key principals. Specifically, to be trauma informed systems should **realize** the widespread impact of trauma, **recognize** the signs and symptoms of those involved in the system and **respond** by integrating knowledge of trauma into policies, procedures and practices while seeking to actively **resist** re-traumatization (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). In addition, a trauma informed approach adheres to principles that inform service delivery. These include: safety; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues (SAMHSA, 2014).

An important component of a trauma informed approach centers on the cultural needs of individuals. Understanding the cultural context that each individual, family and community operates within is paramount to trauma informed child welfare practice. In this paper, we explore the ways in which this concept may be conceptualized and applied to work with diverse and marginalized populations, specifically the unique experiences of American Indian/Alaska Native individuals and communities. Examples are provided specific to the phenomena of historical trauma along with recommendations for child welfare systems to explore on the journey to becoming trauma informed.

### Cultural humility in trauma informed practice

Most mental health professions include cultural humility as an integral component of ethical practice. For example, the National Association of Social Worker's Code of Ethics calls on social workers to "have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups" (National Association of Social Workers [NASW], 2017). Recent dialogue around the terms cultural competence versus cultural humility reflect an important framing for practice with individuals from diverse backgrounds. Namely, we can never assume to be competent in another's culture. Someone's lived experience and cultural identity should be valued for its uniqueness and service providers must recognize the limitations of our knowledge regarding any particular culture different from our own (Tervalon & Murray-Garcia, 1998).

Instead of assuming that a level of cultural competence can be achieved, a trauma informed approach should consistently evaluate the level to which individual child welfare workers and organizations respond to the unique cultural needs of those utilizing services. This includes an understanding of the context in which trauma occurs. Namely, societal structures and systems

of oppression such as the disproportionate representation of people of color in the justice system, intergenerational poverty, and discrimination are often sources of trauma for the diverse and marginalized populations involved in the child welfare system (Carter, 2007; Ortega & Coulborn Faller, 2011). Therefore, to practice with cultural humility and provide trauma-informed care, child welfare professionals must attend to the ways in which these systems of oppression cause the trauma experienced by the clients they serve (Ortega & Coulborn Faller, 2011). Applying concepts of cultural humility should occur at all levels of service delivery and be tailored to reflect the differences within and between diverse populations (NASW, 2015).

### **Responding to history, context and culture in trauma informed care**

In developing trauma responsive systems of care, it is important to recognize that trauma may be conceptualized differently, cultural norms may influence symptom presentation, and healing from trauma may mean engaging in non-western treatment modalities. Due to structural inequality, the definition of trauma has been defined by a western perspective, therefore, it is important to consider how the population being served conceptualizes trauma. For example, what is considered a traumatic event may be expanded to include experiencing multiple losses in a short amount of time (Center for Substance Abuse Treatment, 2014). In addition, for racial minorities, it is important to consider that acts of oppression and discrimination may be experienced as traumatic and result in trauma symptoms (Carter, 2007).

It is also critical to consider that symptoms of trauma may present differently depending on what may be culturally acceptable or unacceptable (Alarcon, 2009). For instance, hypervigilance may not be easily observed in someone if it is a cultural norm not to openly express strong emotions. As the trauma field focuses on the development and implementation of trauma screening and assessment instruments, it is very important to include culturally grounded training for those who will be tasked with screening and assessing for trauma (Cohen, Deblinger, Mannarino, & de Arellano, 2001; Ko et al., 2008).

Finally, systems implementing a trauma informed approach must recognize that experiences of trauma are both contemporary and historical. Historical trauma is a fairly recent concept and has been defined by Maria Yellow Horse Braveheart as the cumulative emotional and psychological wounding due to massive group trauma (Yellow Horse Braveheart, 2003). Historical trauma is differentiated from systemic or structural racism in that historical trauma refers to past events with genocidal or ethnocidal intent, yet the effects have persisted across generations (Walters et al., 2011). Skeptics continue to want research or “evidence” to prove its existence. However, in recent years historical trauma has become generally validated as a true phenomenon. It is important to note that while some individuals may be

skeptical of its existence, many communities have largely accepted historical trauma as a phenomenon because it strongly resonates with their experience (Hartmann & Gone, 2014).

Developing trauma informed systems of care that appropriately address historical trauma rests heavily on the ability of child welfare professionals to change perspective and develop a trauma lens. If child welfare workers do not obtain the ability to use a trauma lens, they risk misinterpreting their clients which could result in re-traumatization. The trauma lens considers whether a child and their family has experienced trauma. A common phrase to demonstrate this shift in perspective is changing the question from “what is wrong with you?” to “what has happened to you?” (Substance Abuse and Mental Health Services Administration, 2014). In taking into account historical trauma, this means reframing the questioning from “what is wrong with this community?” to “what has happened to this community?” The answer to that question points to historical trauma as an etiological factor (Walters et al., 2011). As child welfare systems work with tribal communities, it is important to consider that these systems have perpetrated historical trauma and need to repair these relationships by thinking about it’s overall connection and reputation in the community. While addressing historical trauma it is also important to consider that resiliency is also multi-generational (Denham, 2008). For child welfare workers, this means considering questions such as, “What strengths have generationally been passed down?” and helping families develop a strengths based narrative to build upon.

While many systems of care are becoming knowledgeable about historical trauma some may have difficulty understanding how it impacts service delivery. Examples of this may include but are not limited to mistrust between service providers and tribal communities and the inability for service providers to learn cultural knowledge due to the history of exploitation of cultural knowledge and healing practices. The result is service provision largely developed from a Western perspective that may be ineffectual with diverse clients (Issacs, Nahme Huang, Hernandez & Echo-Hawk, 2005).

To adequately respond to the ways in which historical trauma impacts individuals and communities, child welfare systems might consider expanding upon the Adverse Childhood Experiences (ACEs) pyramid as a way to reconceptualize service delivery. As the original ACE study found, increased ACEs (e.g. physical, sexual and emotional abuse, neglect, witnessing intimate partner violence and parental separation or divorce, etc..) are strongly related to increased risk factors for disease and negative health and social outcomes later in life (Felitti et al., 1998). The ACEs pyramid is a visual representation of this relationship between ACEs and the negative impact to certain developmental tasks. Subsequent research and reflection about the ACEs study has illuminated the need to expand our understanding of trauma beyond



individual experiences to include the ways in which we come “into this world in structures and conditions already established” (RYSE Center, 2015).

Developed by the RYSE Center, an expanded ACE pyramid reflects the experiences of marginalization and oppression that contribute to someone’s historical and contemporary trauma (RYSE Center, 2015). Institutional racism, for example, manifests itself in a variety of ways including mass incarceration, poverty and overrepresentation of children of color in the child welfare system. These social conditions contribute to ongoing trauma for individuals, families and communities. As noted above, child welfare professionals and human serving systems that do not consider ways of responding to these systemic realities, therefore, are not fully trauma informed. To adequately address the needs of marginalized populations, two layers are added to the bottom of the ACE pyramid: social conditions/local context and generational embodiment/historical trauma (RYSE Center, 2015).

The expanded ACE framework serves as a reminder of the significant ways clients served by the child welfare system are impacted by societal structures and underlying mechanisms of oppression. Child welfare systems must recognize the influence of historical events or conditions (e.g. policies of assimilation, forced relocation, loss of homelands, mass incarceration) inflicted upon entire communities and the resulting trauma which may be passed down through generations (Substance Abuse and Mental Health Services Administration, 2014). In addition, the expanded framework illustrates how intimately linked historical trauma is to current social conditions and environmental stressors such as poverty or high rates of community violence. Accounting for these unique environmental realities broadens the definition on what workers may consider as trauma and can therefore help in creating a holistic treatment approach that accounts for these significant life events and societal conditions (RYSE Center, 2015).

To ground these concepts into practice, the following section will explore how child welfare systems may apply a trauma informed lens to service delivery with American Indian/Alaska Native individuals. Recommendations for practice with corresponding examples are provided.

### **Trauma informed service delivery with American Indian/Alaska native populations**

Beginning with the bottom of the expanded ACE pyramid, child welfare systems should assess the extent to which current service delivery effectively responds to the experience of historical trauma in American Indian/Alaska Native populations and any resulting contemporary impacts to the social conditions clients live in. Specifically, organizations should consider whether practices realize historical trauma, how services respond to disrupted development, coping and distress as uniquely experienced by AI/AN individuals, and whether interventions and organizational policies/procedures adequately resist re-traumatization

by actively evaluating the extent to which services perpetuate institutional racism (SAMHSA, 2014).

## **Recommendations**

In practice, realizing, recognizing, responding and resisting re-traumatization while considering cultural and historical factors for AI/ANs may be aided by building on SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach and adapting implementation domains specifically to the AI/AN population accordingly. The implementation domains reflect the multiple levels of an organization where change to promote a trauma-informed approach may occur. These domains include: governance and leadership; policy; physical environment; engagement and involvement; cross sector collaboration; screening, assessment, treatment services; training and workforce development; progress monitoring and quality assurance; financing; and evaluation (SAMHSA, 2014). Some examples in each domain are provided below.

### ***Domain 1: governance and leadership***

- Honor tribal self-determination and unique governmental structures. Child welfare agencies might consider familiarizing staff with the basic tenets of tribal government structures especially those relative to the tribal communities they most often work with.
- Consult with tribal leadership about formalizing communication to maintain consistency across tribal leadership changes. This might include building relationships with several key community stakeholders to ensure communication and information sharing is not disrupted in the event of leadership turnover. It will be important to, in collaboration with tribal partners, develop parameters about what can and cannot be shared with various stakeholders to ensure confidentiality and coordination of services.
- Child welfare workers should consult and collaborate with not only tribal government leaders, but community leaders, such as elders.

### ***Domain 2: policy***

- Consider how policies and procedures of the child welfare agency conflict with or compliment tribal codes and/or tribal culture and values.
- Evaluate the extent to which child welfare practices align with the Indian Child Welfare Act (ICWA) and assess internal policies or practices that conflict with ICWA compliance.
- Evaluate child welfare policies relative to treatment plans to ensure adequate flexibility is allowed in the adaptation of practices to support culturally sensitive interventions.
- Ensure policies allow for and encourage the use of traditional practices and community engagement as a component of treatment.

**Domain 3: physical environment**

- Explore whether the physical location of the child welfare agency presents some cultural significance to the tribal community.
- Consistent with spirit of the ICWA, child welfare professionals should explore ways to collaborate with tribal communities to explore opportunities that honor cultural identity and promote a sense of belonging for children and their families.
- Collaborate with tribal communities to develop strategies to provide spaces in agencies for clients and staff to practice and honor traditional healing practices. For example, dedicate certain rooms to the practice of smudging.

**Domain 4: engagement and involvement**

- Discuss ways to ensure the incorporation of tribal language. Child welfare professional might consider partnering with local tribal members to consult on ways to ensure children and families involved in the child welfare system are exposed to their tribal language, should they choose. In addition, all agency materials, forms, and assessments can be in tribal languages.

An important component of system change efforts that prioritize culturally sensitive, trauma informed models should include, and be led by, consumers and impacted communities. As reflected in SAMHSA's Concept of Trauma framework, significant engagement and involvement from groups with lived experience should be included in all areas of organizational functioning (e.g. program design, implementation, service delivery, quality assurance workforce development and evaluation) (SAMHSA, 2014).

The community is a great resource to co-develop and implement trauma informed service delivery. For example, tribal communities can help decide how the child welfare agency approaches whether and how to incorporate traditional healing approaches and by whom they should be delivered, combining traditional healing with existing trauma treatments, developing a new treatment based on traditional healing principles, or using existing trauma treatments that have been developed outside of the community.

In all of these processes, it will be important for child welfare agencies and professionals to be mindful of the ways in which history impacts relationship building. Namely, as described above, past assimilationist policies by the federal government against tribal communities and contemporary systems of oppression may make American Indian/Alaska Native individuals initially reticent to engage in a collaborative process. In these instances, ongoing, consistent and meaningful

engagement efforts centered in the practice of cultural humility will be important to establish relationships.

#### ***Domain 5: cross sector collaboration***

- Child welfare workers should be mindful and considerate of how tribal communities may want to expand efforts beyond the agency and improve cross coordination of services. This may assist in improving how child welfare workers are perceived in the community.
- Engage with other organizations that serve similar populations in order to promote the sharing of best practices and prevent duplication of services. For example, if located in an urban area, the child welfare agency may consider partnering with an urban Indian health care facility should one exist in the community.

#### ***Domain 6: screening, assessment, and treatment services***

- Child welfare professionals should obtain initial and ongoing input from American Indian/Alaska Native families about the types of cultural/spiritual supports desired and ways they would prefer to access these supports.
- Have tribal community members review documents, such as intake packets, assessments, informational brochures, to ensure cultural appropriateness.

When implementing screening, assessment and treatment, child welfare systems might consider the ways in which current tools, instruments and evidence-based practices account for the experience of historical trauma. Child welfare professional might ask whether trauma screening tools employed at the agency include historical trauma and the experience of racism as elements of the screen? Have psychological tests been normed to work with diverse populations including the unique ways in which culture impacts perspective and response to instrument items? Have evidence-based practices been shown effective at working with diverse populations and specifically address the experience of historical trauma? For communities where trauma prevalence is high and resources are limited, reconsider the purpose and function of trauma screening.

#### ***Domain 7: training and workforce development***

- Implement continuous training for child welfare professionals that addresses historical and cultural issues.
- Recruit, train, and retain staff and volunteers that are representative of the population being served.

- Prioritize efforts to retain staff in order to maintain consistent connections and relationships to the tribal community.

#### ***Domain 8: progress monitoring and quality assurance***

- Ensure the tribal community is involved in determining what data are being collected about American Indian/Alaska Native clients and what methods and measures are used.
- The child welfare agency may consider ways to assess implementation of the ICWA to determine level of compliance and any areas of the law where additional training would be useful.
- Establish feedback loops to ensure progress is shared with tribal communities.

#### ***Domain 9: financing***

- Recognize potential structural inequalities of funding access and infrastructure across community services.
- Consider the ways grant funding opportunities align or conflict with the identified needs of tribal communities. For example, child welfare agencies might consider whether grant projects require the implementation of certain practices or treatments that conflict with tribal values or customs.
- Advocate for flexibility in use of funding to promote the use of traditional healing practices.
- Remain mindful of sustainability efforts to ensure there are no gaps in services once funding cycles end.

#### ***Domain 10: evaluation***

- Ensure the tribal community has some ownership in determining if child welfare implementation activities are successful. For example, a child welfare program who aims to increase parental visitation may count the number of visits a parent is able to make as a way to determine success. A tribal point of view, that is collectivist, may be broader and count not only visits from parents but also those from the family and community. This approach can contribute to psychological safety for a child whose parents might not be consistent as they may look forward to visits from other important people in their life.
- Ensure the tribal community helps determine who owns the information including if and how dissemination can occur.

## Conclusion

Though potentially challenging for child welfare systems which are under-resourced and overburdened, implementing culturally sensitive trauma informed change efforts are imperative to ethical practice. Due to historical trauma, who is involved in the decision making about how to develop a trauma resilient system that is also culturally responsive must include members of the population being served. Including tribal communities in decision making is not limited to a specific treatment or intervention being developed, but instead should include community feedback in all areas of system functioning including how success is defined and what measures are being used to track outcomes. If communities are not part of the decision making, we run the risk of re-traumatizing populations that have experienced historical trauma.

The outcome of a trauma-informed system may mean that there is less burden on a single intervention (e.g. therapist-client interaction or evidence based practice) for successful client outcomes. Instead, organizational processes at each level, from program design to policy, are designed to respond to the unique needs of diverse populations. Together these collective efforts ground all aspects of service delivery in core assumptions and principles designed to respond to the trauma related and cultural needs of each individual client.

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## APPENDIX B



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**Split Feathers . . .**

**Adult American Indians Who Were Placed In  
Non-Indian Families As Children**

**By Carol Locust**

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The Indian Child Welfare Act (ICWA) of 1978 was designed specifically to stop the wholesale removal of Indian children from their families, which had contributed to the destruction of the traditional extended family structures and Indian community life for over a century. A follow-up study in 1980 by the Colorado Indian Law Review revealed that the Act only slowed the removal of children but did not stop it as the Act was intended to do. Tribal leaders called upon the Supreme Court to assure enforcement of the ICWA until amendments could be made to the Act to tighten loopholes through which many Indian children are still being snatched. At this writing, the amendments have not been made.

The pilot study conducted by this investigator indicated that every Indian child placed in a non-Indian home for either foster care or adoption is placed at

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great risk of long-term psychological damage as an adult. There is, however, a lack of sufficient research dedicated specifically to the investigation of this issue. Data supporting the statement of at risk adult American Indian adoptees come from the Congressional Hearings pursuant to the Indian Child Welfare Act (1978). Essentially, the issue of the adult Indian who was placed in a non-Indian home as a child has not been addressed.

The literature that does exist on adult Indians who have experienced out-of-culture placements as children, including the preliminary study conducted by this investigator on which this article is based, indicates that nineteen out of twenty Indian adoptees have psychological problems related to their placement in non-Indian homes.

The study determined that *there are unique factors of Indian children being placed in non-Indian homes, that create damaging effects in the later lives of the children.*

This study has revealed that

- placing American Indian children in foster/ adoptive non-Indian homes puts them at great risk for experiencing psychological trauma that leads to the development of long-term emotional and psychological problems in later life
  - the cluster of long-term psychological liabilities exhibited by American Indian adults who experienced non-Indian placement as
-

## App. 8

children may be recognized as a syndrome (Syndrome: a set of symptoms, which occur together. From *Dorland's Medical Dictionary*, 24th edition, 1965.)

- the Split Feather Syndrome appears to be related to a reciprocal-possessive form of belongingness unique to survivors of cultures that have faced annihilation

The Split Feathers themselves have identified the following factors as major contributors to the development of the syndrome, in order of their importance

1. the loss of Indian identity
2. the loss of family, culture, heritage, language, spiritual beliefs, tribal affiliation and tribal ceremonial experiences
3. the experience of growing up being different
4. the experience of discrimination from the dominant culture
5. a cognitive difference in the way Indian children receive, process, integrate and apply new information – in short, a difference in learning style

Other contributing factors included physical, sexual and mental abuse from adoptive family members; loss of birth brothers and sisters; uncaring or abusive foster/adoptive families; not being told anything or being lied to about their adoption; not being given advanced notice of moves; too many moves; nobody to talk to; loss of personal property.

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## App. 9

The following sections will explore the five major factors listed above that contribute to the development of the Split Feather Syndrome.

### **The Loss of Indian Identity**

The loss of American Indian identity appears to be one of the most important factors in the development of the Split Feather Syndrome. The data indicate that the loss of the Indian identity is not the same as the loss of personal identity, although it included the personal aspect. Additionally, however, is the loss of belonging to one's real culture. Almost all of the respondents indicated a defiant, almost fierce pride in being an American Indian. When questioned about what the Indian identity was, the responses repeated most frequently were "I belong to that tribe;" "That is *my* tribe." The individual belonged to the tribe, and the tribe likewise belonged to him or her, a reciprocal possessiveness of cultural identity which may be found in members of other cultures who have undergone great grieving, such as the survivors of the Holocaust.

The belongingness of tribal identity also seemed to embody the reason for one's being "different," the roots of ancestral pride, the foundations of mystical beliefs and tenets and, as one respondent wrote, "the drums that thunder in my blood." The Indian identity, in those terms, meant much more than personal or family identity. It became the totality of the person's existence without which he or she was nothing.

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**The Loss of Family, Culture, Heritage, Language, Spiritual Beliefs, Tribal Affiliation And Tribal Ceremonial Experiences**

The reciprocal possessiveness of the factors listed above (loss of family, culture, heritage, etc.) indicated that Split Feathers not only felt a loss of these “possessions” because they were his or hers by birthright, but also that the individual was the “possession” of the things identified here. For example, not only did the individuals mourn the loss of their families, but they also mourned their families’ loss of them as well. The loss of their biological family, extended family, clan and tribe was an unending grief for the respondents, a grief that spawned deep-seated resentment and hatred for the adoption system.

Their biological relatives belonged to them, and they belonged to their relatives, a belongingness that connected the adoptees with relatives, clan members and tribal members. They could see in other Indians a reflection of themselves, a fact that satisfied the human need to be like those around them.

The loss of culture, heritage and language seemed to encompass the total lifestyle that the respondents had missed. One said, “I was supposed to have a naming ceremony when I was two years old, and I didn’t get it. I don’t have a name. How can I go back to my tribe if I don’t have a name?” Another wrote, “Somebody said that we could learn all we needed to learn about our culture and heritage from books and videos from our school. What a laugh! What we got

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was a watered down, Indian-style-Sesame-Street version of what some white person thought all Indians were like.”

All of the Split Feathers said they read books, watched TV shows and saw movies about Indians when they were children. No matter what the plot of the story, they championed the Indians, even when John Wayne was on the winning side, even, the majority said, when the Indians were portrayed as brutal savages, drunks or dirty thieves. Their feeling toward real life Indians was not any different.

“They told me my parents were alcoholics and that I was lucky to be out of the home,” one respondent said. “But I don’t feel that way. Poor Mom, poor Dad, maybe I could have helped some way. I’ll never know. I never had the chance to find out.

***Nobody ever asked me if I wanted to stay or not, they just drove up one day and took me.***  
***My mother had this horrible, disbelieving look on her face. I never saw her again.”***

Despite the negative portrayal of Indian people in the media and in most non-Indian people’s minds, the respondents were proud to be Indian.

Many of them had been told horror stories about their birth families, which always ended with “aren’t you glad you came to live with us?” The fact was that most of the stories expounded on the negative aspects – rather than the positive aspects – of the biological

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families and were twisted versions of the truth or were outright lies. None of the respondents said they were "glad" about their adoptive placement.

Tribal spirituality seemed to transcend the adoptive experience. All of the respondents regarded themselves as being spiritual, either in an organized church, a personal religious way or in their tribal belief system. Of the twenty respondents, Fourteen reported having extrasensory experiences from childhood, ranging from knowing about things before they happened, having dreams that came true, knowing what someone else was thinking and being able to communicate with animals. Seventeen of the respondents said they had actively sought more information about their tribal traditional beliefs, hoping to find explanations for the mystical experiences in their lives or learn more about their own tribal beliefs.

Most of the respondents viewed tribal ceremonial experiences as an integral part of spirituality. While eleven of the twenty had been able to experience at least one tribal ceremony, nine had not had the opportunity. Thirteen of the twenty had attended at least one Indian pow-wow or celebration, while seven had been denied the privilege but expressed optimism about attending one in the future. Four of them had taken part in sweats. One of the twenty said he was allowed to attend Indian celebrations as a child.

Re-entry into the culture took place after the Split Feathers had reclaimed their Indian identity. Sixteen of the twenty respondents said they were ignorant or

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knew very little about traditional ceremonies that they'd missed over the years, although four of them knew about several of their tribal customs and traditions associated with ceremonies. All of them felt they had been robbed of the ceremonies that other tribal children were given but that they had never experienced. All twenty of them said they had several pieces of Indian art, such as jewelry, pottery, basketry or such that held a ceremonial meaning for them. One individual had been given a ceremonial eagle feather. Tribal affiliation – being enrolled in a tribe – was a serious subject for all twenty of the Split Feathers. Sixteen of them had had their enrollment cancelled when they were adopted into non-Indian homes. The names of four had remained on tribal rolls. At the time of this study, six of them had two sets of birth records, one of Indian ancestry bearing their birth names and family names, and another set bearing their adoptive names. The one respondent who had not yet found his Indian identity had been searching archival records for years trying to locate some clue to his tribal affiliation.

“Those pieces of paper – the adoption papers – took away my Indian rights,” another respondent wrote.

“Those papers took away my entitlement to my land settlement money, my right to live on tribal land, to vote in tribal elections, to apply for tribal scholarships, my right to be an Indian. My birthright was stolen from me. But they could not take away the fact that I was an Indian. I burned those papers. I hated them.”

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### **Growing Up Being Different**

In describing what they meant by being "different", the Split Feathers used such words as dark skin, black hair, dark eyes and "the Indian look". Besides physical differences they also included having different philosophical concepts, even though most of them had been adopted too young to have learned any tribal philosophy. The fourteen respondents who said that they had extrasensory experiences felt that this ability made them even more different.

The differences made them feel alienated from other people. All of the Split Feathers said that they were extremely self-conscious. Some were painfully shy and withdrawn as children; others became belligerent and aggressive.

Being different also included the concepts that non-Indians had of them, e.g., Indians had certain traits (stoic, brave), behaved certain ways (never showed emotion, spoke very little), had certain knowledge inherent in their blood (when it was going to rain, herbal remedies). These imposed expectations were burdensome to most of the Split Feathers, who felt guilty because they could not fulfill them. One respondent said it made her feel like a "fake" Indian because she could not fit the stereotype of "Indian". Nine of the twenty respondents said that they felt frustrated and angry because of the unfair expectations placed on them, while the opportunities to be all that was expected of them as "Indians" had been taken away.

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***Although being different created major psychological problems for the Split Feathers, it was also a source of intense pride.***

One respondent wrote, "Being different was horrible, like being a freak. At the same time I was proud. Feeling horrible and proud about the same thing splits your brain apart. You hate what it does to you."

### **Experiencing Discrimination from the Dominant Culture**

All twenty of the respondents in the random sample experienced some degree of discrimination. Words used to describe the cause of discrimination were "being dark", "being Indian", and "not being white", discrimination came from adults as well as children and occurred within the adoptive families; from relatives and neighbours; and at schools, churches and social functions. The average age when "knowing I was different" began at three years of age; the average age when discrimination began to be a serious problem for the respondents was 11 years.

Puberty was a traumatic time for all the respondents when they learned that their limited acceptance in the non-Indian world did not include dating white youth. Thirteen of the 20 reported some amount of alienation from their adoptive families during this period, from hostility to acting out rage and running away. The estrangement increased as the adoptees reached young adulthood. "I asked a girl to dance

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with me at a junior high party. Her brother dragged me outside and beat me up, told me no dirty Indian was going to get close to his sister," one respondent wrote. Another respondent wrote that as a young girl she never got asked out on dates. Her adopted mother told her to "go find yourself an Indian." That was the first time she realized that she was not being asked out because of her race.

Discrimination was also felt in the work force as well as in the social realm when "Split Feathers reached adulthood. Jobs often went to less qualified non Indians. Promotions were slow in coming, infrequent or denied. One respondent stated that he felt employers never really trusted him because he looked so "Indian" and that his appearance was against him in obtaining employment. Another wrote, "I had just gone through the alcohol rehab program. I was pleased that I had been sober for three months. In the program I had the opportunity to do a sweat, and I really hung on to that experience, to that little bit of the Indian world. Then I went to the state VR office to get help in finding a job. They told me to cut my hair. My long hair was the only part of me that I could claim as my heritage. I said I wouldn't cut it. They said forget about working, no one would hire me looking like a wild Indian, only if I looked tame."

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**Cognitive Differences in the Way Indian Children Receive, Process, Integrate and Apply New Information (A Difference in Learning Style)**

Based on the Split Feather testimonies, it would appear that American Indians have a cognitive process different from non-Indians. While all 20 of them said that they felt that they were average or above in intelligence, half of them had spent time in remedial education programs in school. Five respondents had been labeled as Learning Disabled. Two were classified as "slow learners." All of them had failed at least one grade in school. The reasons for academic problems were given in episodes. "I just couldn't learn like all the other kids. The teacher talked too much, too many words. I learned better through my eyes."

"When I was in the fifth grade I got punished in front of the whole class for not remembering the capital city of Wyoming. That's when I decided to learn my own way, not theirs. I worked out my own strategy all by myself. My adopted family didn't know what I was doing so they couldn't help me . . . I kept thinking either there's something wrong with my brain or theirs, because our brains don't work the same way when it comes to learning. And since I was the only Indian in the class, I figured out that there was something wrong with my brain. It was frustrating; I hated school. I could learn okay, and fast outside school, but in my school lessons I had to do it their way, not mine. And I failed."

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Reading was the most difficult subject for the Split Feathers. Surprisingly, math was not that difficult. "Numbers are logical," said one respondent. The overall picture of the educational success of the Split Feather group was rather dismal, however. The inability to absorb information in the same manner as the other children engendered failure for them, and failure begat more failure, poor self-esteem and often either withdrawal or aggression. Frustrations in elementary school led to difficult junior high school years and early drop-out rates in high school. Of the 20 respondents, only five completed a high school degree. Of the other 15, one went into the military, three were in correctional facilities, four got married and the other seven entered the job market with little or varying degrees of success.

Later in their lives, six of them had either taken college courses or attended advanced training for job placement. None of them described themselves as a success. Although one respondent said he was "doing all right."

### **The Effects of Reclaimed Indian Identity on the Split Feathers**

For nineteen of the twenty individuals in this preliminary study (one had not yet found his tribe nor his tribal identity), repatriation or reclamation of their tribal identity was described as a rebirth experience. Although fear of not being accepted was a major personal problem, and threats of being disowned

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came from adoptive parents, all of them said they were glad they had pursued their quests to find out who they were.

Descriptors used for the experience were

- "I felt whole for the first time in my life."
- "Thank God I finally know who I am!"
- "I finally found what I am, what is part of me, what I am part of."
- "I found the missing part of me and put it back in place. Now I can really be alive."
- "I found where I really belonged, my place, my home, my true identity."

When asked how they felt about rejoining a cultural group that was frequently described in degrading terms (drunk Indians, lazy, dirty, stupid) and against which there were many racist, bigoted and prejudiced people, not one of the Split Feathers said they would change their minds. From their responses, it appeared that social, economic and cultural labels had no impact whatever on their repatriation decisions. Most of them said they began helping their birth families and relatives as soon as they found out who they were. They received tribal teachings in return, a reciprocal process that satisfied the needs of the whole family.

Eighteen of the nineteen respondents who had reclaimed their Indian identity said their personal lives had changed dramatically for the better after the

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reclamation. A good description of the change, written by one respondent, reads, "The weight of hurting, loneliness, anger and sorrow I carried all those years was dropped, and my soul could soar." Another said, "It's like I was blind, stumbling through life looking for myself, and now – now I can see."

The respondents used the following statements to indicate the profound change in their psychological health, in order of how often the [sic] were repeated

- decrease in depressive feelings
- decrease in alcohol and drug abuse
- decrease in aggressive behaviours
- increase in self-esteem
- feelings of love, joy, generosity, sympathy, understanding
- feelings of finding a purpose in life
- increase in spiritual activities
- increase in days worked (working more regularly, finding a job, and getting a better job)

Other changes mentioned were

- spending more time with my own family
  - spending leisure time constructively
  - making a commitment to carry through with my responsibilities
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- paying more attention to the needs of other people
- learning more about my tribe and my spiritual beliefs
- going back to school to get my GED
- taking care of myself
- looking at the sky instead of the dirt (dreaming dreams again)
- smiling a lot more often

#### **About the author**

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#### **In their own words . . .**

##### **What Split Feathers say**

“They gave me everything a child could ever ask for, except my Native American identity. All my years growing up in school I was cut down and made fun of because I was Indian. I was darker, had dark hair, and I was ‘different’. I grew up resenting who I was,

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what I was; of course I kept all the shame to myself, therefore building resentment. I am waiting now for enrollment in my tribe and waiting to establish contact with my biological family. I wish I had grown up being proud – like I am proud today.”

“My foster mother was very abusive. She always said we were dirty because we were dark. She beat us often, made our noses bleed. But the worst thing she did was denying us our Indian heritage. Courts should never let anything like this happen. Indian children need to be with Indian families, not white families that are so different from Indian.”

“Adoption causes such intense inner pain that you do anything just to get away from it. No one understands you, you are different, and there’s no one to talk to. You withdraw into yourself, keep it all inside. That’s how I got into trouble with alcohol: it was pain medicine.”

I was adopted at age four, started school just before five, grew up in a middle class family that was okay. But I started having dreams about age five about being taken away (from the adoptive home), taken back to my family, by Indians. My family didn’t pay much attention to the Indian spirit within me, or to me, either. I communicated more with animals than I did people. In the sixth grade I started having problems with the other kids. Whites, Mexicans and others didn’t like me because of being Indian. I got into lots of fights and became a loner.”

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"I am 72 years old. I was adopted into a white family at age one-and-a-half when my mother died. I realized I was different before I ever went to school. When I asked, my foster parents told me I was Indian, and from that day I identified with Indians, because that was what I was. I didn't know who I was, and that heartache and anguish has been with me for nearly 70 years. I hope your study can help me find out who I am before I die. I don't want to die not knowing my true identity. They (the government) sealed my birth certificate so I could never find my identity and never see my blood relatives. The pain of this is never ending."

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# KING COUNTY DEPARTMENT OF PUBLIC DEFENSE

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